

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Coventry Health Care Inc - First Health Group PAC

ADDRESS (number and street)

901 New York Avenue NW Third Floor

☐Check if different  
than previously  
reported. (ACC)

Washington

DC

20001

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00217216

3. IS THIS  
REPORT☐NEW  
(N)

OR

☒AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☒

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

07

01

2010

through

07

31

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

John Ruhlmann

Signature of Treasurer

Electronically Filed by John Ruhlmann

Date

09

15

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 20

Write or Type Committee Name

Coventry Health Care Inc - First Health Group PAC

Report Covering the Period:

From:

M M  
0 7D D  
0 1Y Y Y Y  
2 0 1 0

To:

M M  
0 7D D  
3 1Y Y Y Y  
2 0 1 0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>Y Y Y Y 2010</span>		141637.52
(b) Cash on Hand at Beginning of Reporting Period .....	127518.85	
(c) Total Receipts (from Line 19) .....	1813.48	12326.10
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	129332.33	153963.62
7. Total Disbursements (from Line 31) .....	21275.51	45906.80
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	108056.82	108056.82
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

3 / 20

Write or Type Committee Name

Coventry Health Care Inc - First Health Group PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	7	0	1	2	0	1	0

To:

M	M	D	D	Y	Y	Y	Y
0	7	3	1	2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	1635.44	7333.44
(ii) Unitemized .....	178.04	4992.66
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	1813.48	12326.10
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	1813.48	12326.10
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	1813.48	12326.10
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	1813.48	12326.10

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	25.51	156.80	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	25.51	156.80	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	22500.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00	
29. Other Disbursements.....	21250.00	23250.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	21275.51	45906.80	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	21275.51	45906.80	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	1813.48	12326.10
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1813.48	12326.10
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	25.51	156.80
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	25.51	156.80

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 20

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

**A.**

Full Name (Last, First, Middle Initial)

Michael Bahr

Mailing Address 4669 W. Vista Drive

City

Highland

State

UT

Zip Code

84003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	9	/	2	0	1	0

Transaction ID: A2010-1967047

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Michael Bahr

Mailing Address 4669 W. Vista Drive

City

Highland

State

UT

Zip Code

84003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	3	/	2	0	1	0

Transaction ID: A2010-1967077

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Edward Borovatz

Mailing Address 14742 Rolling Spring Drive  
Apt #207-5

City

Midlothian

State

VA

Zip Code

23114

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	9	/	2	0	1	0

Transaction ID: A2010-1967032

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional) .....

135.00

TOTAL This Period (last page this line number only) .....

A. Form/Schedule : **SA11AI**

Transaction ID :

Please note that the PAC is aware that we follow an alternate method of itemizing payroll receipts rather than the suggested manner of disclosing a single total for the reporting period along with the amount deducted per pay period. Because the amounts collected per pay period may change often during the time covered by a single report, we find that reporting individual deductions separately more accurately discloses how the receipts are collected.

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

**A.**

Full Name (Last, First, Middle Initial)

Edward Borovatz

Mailing Address 14742 Rolling Spring Drive  
Apt #207-5

City State Zip Code  
Midlothian VA 23114

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Coventry Health Care Inc.

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: A2010-1967062

Amount of Each Receipt this Period

35.00

**B.**

Full Name (Last, First, Middle Initial)

Brian Britt

Mailing Address 330 West Meadow Drive

City State Zip Code  
Mechanicsburg PA 17055

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Coventry Health Care Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: A2010-1967048

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

Brian Britt

Mailing Address 330 West Meadow Drive

City State Zip Code  
Mechanicsburg PA 17055

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Coventry Health Care Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: A2010-1967078

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional) .....

115.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

**A.**

Full Name (Last, First, Middle Initial)

Maria Fitzpatrick

Mailing Address 5002 Cedar Croft Drive

City

Bethesda

State

MD

Zip Code

20814

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

812.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: A2010-1967052

Amount of Each Receipt this Period

58.00

**B.**

Full Name (Last, First, Middle Initial)

Maria Fitzpatrick

Mailing Address 5002 Cedar Croft Drive

City

Bethesda

State

MD

Zip Code

20814

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

870.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: A2010-1967082

Amount of Each Receipt this Period

58.00

**C.**

Full Name (Last, First, Middle Initial)

Greg Hale

Mailing Address 1615 William Penn Drive  
#21E

City

Naperville

State

IL

Zip Code

60563

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.60

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: A2010-1967055

Amount of Each Receipt this Period

14.04

**SUBTOTAL** of Receipts This Page (optional) .....

130.04

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 20

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

**A.**

Full Name (Last, First, Middle Initial)

Janet Hamner

Mailing Address 10219 Pemcrest

City

San Antonio

State

TX

Zip Code

78240

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

546.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	9		2	0	1	0

Transaction ID: A2010-1967053

Amount of Each Receipt this Period

39.00

**B.**

Full Name (Last, First, Middle Initial)

Janet Hamner

Mailing Address 10219 Pemcrest

City

San Antonio

State

TX

Zip Code

78240

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	3		2	0	1	0

Transaction ID: A2010-1967083

Amount of Each Receipt this Period

39.00

**C.**

Full Name (Last, First, Middle Initial)

Kim Isbell

Mailing Address 6140 Moss Rose Lane

City

Aubrey

State

TX

Zip Code

76227

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	9		2	0	1	0

Transaction ID: A2010-1967031

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional) .....

98.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

**A.**

Full Name (Last, First, Middle Initial)

Kim Isbell

Mailing Address 6140 Moss Rose Lane

City

Aubrey

State

TX

Zip Code

76227

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: A2010-1967061

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Kenneth Kurzendoerfer

Mailing Address 5104 Remington Road

City

San Diego

State

CA

Zip Code

92115

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: A2010-1967038

Amount of Each Receipt this Period

75.00

**C.**

Full Name (Last, First, Middle Initial)

Kenneth Kurzendoerfer

Mailing Address 5104 Remington Road

City

San Diego

State

CA

Zip Code

92115

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1075.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: A2010-1967068

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

120.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

**A.**

Full Name (Last, First, Middle Initial)

Joan Liberatore

Mailing Address 1549 Virginia Avenue

City

Monaca

State

PA

Zip Code

15061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: A2010-1967033

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Joan Liberatore

Mailing Address 1549 Virginia Avenue

City

Monaca

State

PA

Zip Code

15061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: A2010-1967063

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Kris Mazurowski

Mailing Address 1517 Lark Lane

City

Naperville

State

IL

Zip Code

60565

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: A2010-1967035

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

70.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

**A.**

Full Name (Last, First, Middle Initial)

Kris Mazurowski

Mailing Address 1517 Lark Lane

City

Naperville

State

IL

Zip Code

60565

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: A2010-1967065

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Mary Louise Osborne

Mailing Address 234 Overbrook Road

City

Valencia

State

PA

Zip Code

16059

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

812.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: A2010-1967049

Amount of Each Receipt this Period

58.00

**C.**

Full Name (Last, First, Middle Initial)

Mary Louise Osborne

Mailing Address 234 Overbrook Road

City

Valencia

State

PA

Zip Code

16059

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

870.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: A2010-1967079

Amount of Each Receipt this Period

58.00

**SUBTOTAL** of Receipts This Page (optional) .....

136.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

**A.**

Full Name (Last, First, Middle Initial)

Donald Potempa

Mailing Address 426 Verret St

City

Elmhurst

State

IL

Zip Code

60126

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 2 / 2 0 1 0

Transaction ID: A2010-2053133

Amount of Each Receipt this Period

350.00

**B.**

Full Name (Last, First, Middle Initial)

Sabrina Rajendran

Mailing Address 111 Patrick Avenue

City

Willow Springs

State

IL

Zip Code

60480

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: A2010-1967046

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Sabrina Rajendran

Mailing Address 111 Patrick Avenue

City

Willow Springs

State

IL

Zip Code

60480

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: A2010-1967076

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

**A.**

Full Name (Last, First, Middle Initial)

Steven Robino

Mailing Address 12915 Grant Street  
Suite 450

City State Zip Code  
Overland Park KS 66213

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Coventry Health Care Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: A2010-1967042

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

Steven Robino

Mailing Address 12915 Grant Street  
Suite 450

City State Zip Code  
Overland Park KS 66213

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Coventry Health Care Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: A2010-1967072

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

Dennis Roth

Mailing Address 5393 Bothe Avenue

City State Zip Code  
San Diego CA 92122

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Coventry Health Care Inc.

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: A2010-1967030

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

**A.**

Full Name (Last, First, Middle Initial)

Dennis Roth

Mailing Address 5393 Bothe Avenue

City

San Diego

State

CA

Zip Code

92122

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: A2010-1967060

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

Rebecca Sanborn

Mailing Address 40 Calverton Road  
Suite 450

City

St. Louis

State

MO

Zip Code

63135

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: A2010-1967045

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Rebecca Sanborn

Mailing Address 40 Calverton Road  
Suite 450

City

St. Louis

State

MO

Zip Code

63135

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: A2010-1967075

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

90.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

**A.**

Full Name (Last, First, Middle Initial)

Ann Stoepelwerth

Mailing Address 4360 S. Victor Avenue

City State Zip Code  
Tulsa OK 74105

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Coventry Health Care Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

532.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: A2010-1967051

Amount of Each Receipt this Period

38.00

**B.**

Full Name (Last, First, Middle Initial)

Ann Stoepelwerth

Mailing Address 4360 S. Victor Avenue

City State Zip Code  
Tulsa OK 74105

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Coventry Health Care Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: A2010-1967081

Amount of Each Receipt this Period

38.00

**C.**

Full Name (Last, First, Middle Initial)

Ernest Wells, Jr.

Mailing Address 2107 N. Magnolia Ave.

City State Zip Code  
Chicago IL 60614

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Coventry Health Care Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.80

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: A2010-1967028

Amount of Each Receipt this Period

57.70

**SUBTOTAL** of Receipts This Page (optional) .....

133.70

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

**A.**

Full Name (Last, First, Middle Initial)

Ernest Wells, Jr.

Mailing Address 2107 N. Magnolia Ave.

City

Chicago

State

IL

Zip Code

60614

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.50

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: A2010-1967058

Amount of Each Receipt this Period

57.70

**B.**

Full Name (Last, First, Middle Initial)

Joseph Winn

Mailing Address 14022 Jump Drive

City

Germantown

State

MD

Zip Code

20874

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 9 / 2 0 1 0

Transaction ID: A2010-1967050

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Joseph Winn

Mailing Address 14022 Jump Drive

City

Germantown

State

MD

Zip Code

20874

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 1 0

Transaction ID: A2010-1967080

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

107.70

**TOTAL** This Period (last page this line number only) .....

1635.44

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 19 / 20

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Jim Donelon Campaign Fund	<b>Transaction ID:</b> B345146 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 6993	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		2	0		2	0	1	0												
City Metairie State LA Zip Code 70009	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement P-2010 State Insur. Comm. LA	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name James Donelon	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:																					
<b>B.</b> Full Name (Last, First, Middle Initial) Republican Governors Association	<b>Transaction ID:</b> B345141 <b>Date of Disbursement</b>																				
Mailing Address 555 11th Street NW Suite 700	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		1	2		2	0	1	0												
City Washington State DC Zip Code 20004	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Association	<table border="1"> <tr> <td colspan="10">20000.00</td> </tr> </table>	20000.00																			
20000.00																					
Candidate Name	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Not Applicable																					
<b>C.</b> Full Name (Last, First, Middle Initial) Committee to Re-Elect Richard Thompson	<b>Transaction ID:</b> B345164 <b>Date of Disbursement</b>																				
Mailing Address 4625 Route 152	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		2	0		2	0	1	0												
City Lavalette State WV Zip Code 25535	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement G-2010 State House 17 WV	<table border="1"> <tr> <td colspan="10">250.00</td> </tr> </table>	250.00																			
250.00																					
Candidate Name Richard Thompson	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:																					

**SUBTOTAL** of Disbursements This Page (optional) .....

21250.00

**TOTAL** This Period (last page this line number only) .....

21250.00

A. Form/Schedule : **SB29**  
Transaction ID :

This report is being amended to correct errors of YTD totals in column B.